

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

1091658785

FILING DATE

9/8/00

APPLICANT

CLAIMS

NO.	AS FILED		AFTER 1M ALLOWABLE		AFTER 2M ALLOWABLE	
	NO.	O.F.	NO.	O.F.	NO.	O.F.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL NO.	6		1			
TOTAL O.F.	44					
TOTAL	50					

NO.	O.F.	NO.	O.F.	NO.	O.F.
61	1				
62	1				
63	1				
64	1				
65	1				
66	1				
67	1				
68	1				
69	1				
70					
71					
72			1		
73			1		
74			1		
75			1		
76			1		
77			1		
78			1		
79			1		
80			1		
81			1		
82			1		
83			1		
84			1		
85			1		
86			1		
87			1		
88			1		
89			1		
90			1		
91			1		
92			1		
93			1		
94			1		
95			1		
96			1		
97			1		
98			1		
99			1		
100			1		
TOTAL NO.	9		1		
TOTAL O.F.	68				
TOTAL	77				